

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SCROLL NO.

FILING DATE

10/591389  
WILCOX

CLAIMS

	AS FILED		AFTER AMENDMENT		AFTER AMENDMENT			AS FILED		AFTER AMENDMENT		AFTER AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL REQ.			4	5									
TOTAL DEP.			←	32	←			↓					↓
TOTAL CLAIMS			32	37					←			←	